### MONONGALIA COUNTY OCCUPATIONAL THERAPY PROGRESS NOTES/LOGS

**MONTH/YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | BIRTHDATE |
|  |  |  |
| WVEIS NUMBER | MEDICAID NUMBER | SCHOOL |
|  |  |  |
| **FREQUENCY OF SERVICE** | **DIAGNOSIS CODE** | **PROVIDER NAME/NPI** |
|  |  |  |
| ***IEP Goals and Objectives:*** |
|  |
|  |
|  |
|  |
|  |
|  |

**I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
|  |  |  |  |  |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|   |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|   |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|   |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | Procedure Code | Goals Addressed, Activity and Response to Treatment |
|  |  |  |  |  |
|  |
|   |
|  |
|  |
|  |
|  |
|  |
| Future Plan/Goal Signature: |